

## STATE OF HAWAII – INSURANCE DIVISION

This is an application for Hawaii residents and Non-Residents to become an Insurance Producer in the State of Hawaii. Business entities please use the Application for Business Entity Producer License.

## Uniform Application for Individual Producer License (Hawaii Resident/Non-Resident) (Please Print or Type)

Check One: <input type="checkbox"/> Resident <span style="margin-left: 100px;"><input type="checkbox"/> Non-Resident</span>								
<b>Type of License: (Check <u>Only</u> One)</b> <input type="checkbox"/> <b>PRODUCER</b> <input type="checkbox"/> <b>LIMITED LINES PRODUCER</b> <input type="checkbox"/> <b>SURPLUS LINES BROKER</b> <input type="checkbox"/> <b>MANAGING GENERAL AGENT</b> <input type="checkbox"/> <b>FRATERNAL BENEFIT SOCIETY PRODUCER</b>				<input type="checkbox"/> <b>REINSURANCE INTERMEDIARY BROKER</b> <input type="checkbox"/> <b>REINSURANCE INTERMEDIARY MANAGER</b>  <b>Non-Producer Licenses</b> <input type="checkbox"/> <b>INDEPENDENT ADJUSTER</b> <input type="checkbox"/> <b>PUBLIC ADJUSTER</b> <input type="checkbox"/> <b>WORKER'S COMP/LTD. ADJUSTER</b>				
1. Social Security Number		2. Vendor No. <b>(OFFICE USE ONLY)</b>		3. License No. <b>(OFFICE USE ONLY)</b>		4. NAIC No. (OFFICE USE ONLY)		
5. Are you affiliated with a financial institution/bank? <input type="checkbox"/> YES <input type="checkbox"/> NO								
6. Last Name JR./SR. etc.			7. First Name		8. Middle Name		9. Date of Birth (month)____(day)____(year)____	
10. Residence/Home Address (Physical Street)			11. P.O. Box		12. City		13. State	
14. Zip or Foreign Country								
15. Home Phone Number (      )		16. Gender (circle one) Female      Male		17. Are you a Citizen of the United States? (Check One) ____ Yes    ____ No (If No, of which Country are you a citizen?) (If No, you must supply work authorization)				
18. Business Name								
19. Business Address (Physical Street)			20. P.O. Box		21. City		22. State	
23. Zip or Foreign Country								
24. Business Phone Number (      )		25. Business Fax Number (      )		26. Business e-mail Address		27. Business Web Site Address		
28. Applicant's Mailing Address			29. P.O. Box		30. City		31. State	
32. Zip or Foreign Country								
33. Assumed Business Name/Trade								
<div style="text-align: right; margin-top: 100px;">\$ _____</div> <div style="text-align: right; margin-top: 20px;">\$ _____</div>								

**Agency of Business Entity Affiliations**

34. List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

NP=National Producer No.

Fein # \_\_\_\_\_ NP # \_\_\_\_\_ Name of Agency \_\_\_\_\_

Fein # \_\_\_\_\_ NP # \_\_\_\_\_ Name of Agency \_\_\_\_\_

Fein # \_\_\_\_\_ NP # \_\_\_\_\_ Name of Agency \_\_\_\_\_

Fein # \_\_\_\_\_ NP # \_\_\_\_\_ Name of Agency \_\_\_\_\_

Fein # \_\_\_\_\_ NP # \_\_\_\_\_ Name of Agency \_\_\_\_\_

**Employment History**

35. Account for all time for the past five years. Give all employment experience starting with your current employer and working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. (ATTACH ADDITIONAL PAGES IF NECESSARY)

	FROM		TO		POSITION HELD
	MONTH	YEAR	MONTH	YEAR	
NAME					
CITY STATE					
NAME					
CITY STATE					
NAME					
CITY STATE					
NAME					
CITY STATE					
NAME					
CITY STATE					
NAME					
CITY STATE					

36. Please check the line(s) of authority for which you are applying:

PRODUCER	LIMITED LINES	LIMITED PERSONAL LINES
<input type="checkbox"/> LIFE <input type="checkbox"/> VARIABLE LIFE AND VARIABLE ANNUITY <input type="checkbox"/> ACCIDENT AND HEALTH OR SICKNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> MARINE <input type="checkbox"/> VEHICLE <input type="checkbox"/> CASUALTY <input type="checkbox"/> SURETY <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER – SPECIFY: _____	<p align="center"><b>PART 1</b></p> <input type="checkbox"/> CREDIT LIFE <input type="checkbox"/> CREDIT DISABILITY <input type="checkbox"/> VENDING MACHINE TRAVEL DISABILITY <input type="checkbox"/> TRAVEL DISABILITY <input type="checkbox"/> TRAVEL BAGGAGE <input type="checkbox"/> NEWSPAPER ACCIDENT & SICKNESS <input type="checkbox"/> OTHER: SPECIFY: _____	<p align="center"><b>PERSONAL PROPERTY &amp; CASUALTY</b></p> <input type="checkbox"/> A – HOMEOWNERS NON COMMERCIAL <input type="checkbox"/> B – VEHICLE NON COMMERCIAL <input type="checkbox"/> OTHER: SPECIFY: _____
	<p align="center"><b>PART 2</b></p> <input type="checkbox"/> CREDIT UNEMPLOYMENT <input type="checkbox"/> INVOLUNTARY UNEMPLOYMENT <input type="checkbox"/> MORTGAGE LIFE <input type="checkbox"/> MORTGAGE GUARANTY <input type="checkbox"/> MORTGAGE DISABILITY <input type="checkbox"/> GUARANTEED AUTOMOBILE PROTECTION (GAP) <input type="checkbox"/> MOTOR VEHICLE (RENTAL CO.)	

Background Information

37. The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?  
☐ Yes ☐ No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty, or having been given probation, a suspend sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstance of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ☐ Yes ☐ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated: or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? ☐ Yes ☐ No

If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? ☐ Yes ☐ No

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ☐ Yes ☐ No

If you answer yes, by how many months are you in arrearage? \_\_\_\_\_ Months

6. Have you or any business in which you are or were an owner, partner, officer or director ever has an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? ☐ Yes ☐ No

If you answer yes, by how many months are you in arrearage? \_\_\_\_\_ Months

8. Are you the subject of a child support related subpoena or warrant? ☐ Yes ☐ No

If you answer yes, you must attach an explanation to this application.

Applicant's Certification and Attestation

38. The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either: a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

\_\_\_\_\_  
Month                  Day                  Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

\_\_\_\_\_  
Notary

39. Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Date Commission Expires

IF THIS APPLICATION IS INCOMPLETE, IT WILL BE RETURNED.

MAIL THIS APPLICATION WITH THE OTHER APPLICABLE FORMS TO:

HAWAII INSURANCE DIVISION  
ATTN: LICENSING BRANCH  
P.O. BOX 3614  
HONOLULU, HI 96811-3614  
(808) 586-2788